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U.S. PATENT AND TRADEMARK OFFICE BOARD OF PATENT APPEALS AND INTERFERENCES

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Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office

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Paper No: 0

Appeal No:	2005-0141
Appellant:	Knox, Dick Lee
Application No:	09/656,683
Hearing Room:	Α
Hearing Docket:	В
Hearing Date:	Wednesday, February 23, 2005
Hearing Time:	1:00 PM
Location:	MADISON BUILDING (EAST WING)
	600 Dulany Street
	Alexandria Mirainia 22212 1450

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47.

The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up.

The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.

This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

Failure to file this form within this time period will be construed as a waiver of the request for oral hearing.

37 CFR § 1.136(a) does not apply.

By order of the Board of Patent Appeals and Interferences

BPAI HEARINGS FAX No: (571) 273-0299 USPTO Central Fax No. (703) 872-9306	BOARD OF PA UNITED PATE	BPAI Mailing Address: BOARD OF PATENT APPEALS AND INTERFERENCES UNITED PATENT AND TRADEMARK OFFICE P.O. BOX 1450		
Clerk of the Board (571) 272-9797	ALEXANDRIA,	ALEXANDRIA, VIRGINIA 22313-1450		
In all communications relating to this	appeal, please ider	ntify the appeal by its number.		
CHECK ONE: HEARING ATTENDANCE CONFIRMED HEARING ATTENDANCE WAIVED				
Signature of Attorney/Agent/Appellar	nt Date	Registration No.		
Names of other visitors expected to accompany counsel:				